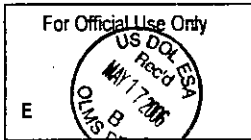


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>013-253 6365</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>SCOTT T MALLEY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL #3</u> Labor Organization File Number <u>013-253</u> P.O. Box, Building and Room Number, if any _____ Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>FIN. SEC. TREAS/BUSINESS MGR. - TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Scott T. Malley On 5/12/06 412 227-6767
Date Telephone Number

Name of Person Filing	SCOTT MALLEY	File Number U-	013-253
-----------------------	--------------	----------------	---------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/> IRON WORKERS LOCAL #3 BENEFIT FUNDS</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 2201 LIBERTY AVE</p> <p>City <input type="text"/> PITTSBURGH</p> <p>State <input type="text"/> PA ZIP Code + 4 <input type="text"/> 15222</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"><p>HOTEL, AIRFARE, CONFERENCE FEE, DAILY EXPENSES WHILE ATTENDING ANNUAL INTERNATIONAL FOUNDATION CONFERENCE IN HAWAII. 11/12 - 11/16/05</p></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/> 5,842.45</p>

Name of Person Filing	SCOTT T. MALLEY	File Number U-	013-253
-----------------------	-----------------	----------------	---------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WACHOVIA RETIREMENT SERVICES
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 401 S. TRYON ST
City CHARLOTTE
State N.C. ZIP Code + 4 28288

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRON WORKERS LOCAL #3
BENEFIT PLANS
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street 2201 LIBERTY AVE
City PITTSBURGH
State PA ZIP Code + 4 15222

11.a. Nature of such dealing.

PROFIT SHARING FUND ADMIN.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

GOLF OUTING
6/30/05

12.b. Amount.

316.89

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

--

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.